

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation AMERICAN COMMITMENT		3. FEC Identification Number C C90013640
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1300 PENNSYLVANIA AVENUE NW #190-406		
(c) City, State and ZIP Code WASHINGTON DC 20004		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10		29		2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
11		06		2012

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES

110148.41

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Peter Christopher Winkelman

Peter Christopher Winkelman

10/29/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICAN COMMITMENT

Full Name (Last, First, Middle Initial) of Payee Desumo Strategies		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 9211 Forest Hill Avenue Suite 207		Amount 5074.20	
City Richmond	State VA	Zip Code 23235	
Purpose of Expenditure Voter contact mail production & postage: "Up Here Down There"		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Kaine		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 283803.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Desumo Strategies		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 9211 Forest Hill Avenue Suite 207		Amount 5074.21	
City Richmond	State VA	Zip Code 23235	
Purpose of Expenditure Voter contact mail production & postage: "Up Here Down There"		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101552.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 50000.00	
City Towson	State MD	Zip Code 21286	
Purpose of Expenditure TV ad placement: "Work Hard"		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1355013.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		60148.41	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICAN COMMITMENT

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 15000.00	
City Towson	State MD	Zip Code 21286	
Purpose of Expenditure Radio ad production & placement: "Cambo Claro"		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1370013.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 35000.00	
City Towson	State MD	Zip Code 21286	
Purpose of Expenditure Radio ad production & placement: "Clear Choice"		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Carmona		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1405013.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures 50000.00 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 110148.41 (carry total from last page forward to Line 7)			